

MARE RESERVATION FAX FORM

This form must be faxed on breeding day, ovulation day & flush day

FAX TO 806-488-2305

Shipper (Name of person/company faxing form): _____

Contact Phone #: _____ Fax #: _____

1. MARE OWNER: _____

MARE'S NAME: _____

STALLION BRED TO: _____

DATE(S) MARE BRED: _____

2. DATE MARE OVULATED: _____ # of Follicles ovulated _____

FLUSH DATE: _____

3. RESULTS OF FLUSH: Negative Positive (If positive complete the next line)
(Circle One)

CLEAN or DIRTY FLUSH Age of Embryo: Day _____ Grade: _____
(Circle One)

SHIPPING VIA: (NO UPS SHIPMENTS PLEASE)

FedEx Tracking # _____

AIRLINE _____ FLIGHT # _____ Arrival Time: _____

4. BILLING/PAYMENT INFORMATION:

The \$500.00 Embryo Transfer fee must be paid prior to transfer of the embryo at our facility or a check must be sent along with the embryo in the equitainer. Please complete the following section regarding this payment.

Visa MasterCard Discover Card # _____ expires _____
(Circle One)

Name on Card _____ Signature _____

[] Check is or will be enclosed in equitainer Check # _____

[] Previous billing arrangements have been made with TCVH by mare owner or shipper

Name of person responsible for future bills: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Fax #: _____ E-mail: _____